EXHIBIT C

FORM B10 PROOF OF CLAIM

			<u>-</u>		
JNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA			PROOF OF CLAIM		
Name of Debtor	Case	Number BK-S-06-10725	LBR	Electronically filed on May 8, 2006	
USA Commercial Mortgage Company	<u> </u>			W = C & O = =	
NOTE This form should not be used to make a claim for an administrative	ve expe	nse arising after the commer	cement of	11N 8 2006	
the case A request" for payment of an administrative expense may be fi	iled pur				
Name of Creditor (The person or entity to whom the debtor owes		Check box if you are awa			
money or property)	Į.	anyone else has filed a pr			
Robert Di Bias and Louise G Sherk, Trustees of the Louise G Sherk	1	relating to your claim. A			
M D Employee Benefit Plan Trust (Direct Lender)	4	of statement giving partic	1		
Name and addresses where notices should be sent		Check box if you have no			
c/o Robert Di Bias and Louise G Sherk, Trustees	1	any notices from the band court in this case	Krupicy [
3830 Ocean Birch Dr Corona del Mar California 92625-1244	Ιa	Check box if the address	differe from		
Corona dei Mar California 92023-1244	1 "	the address on the envelo		This Space Is For	
Telephone number (949) 644-7720	1	you by the court	1 2 2 2 2 2 2 2	Court Use Only	
Last four digits of account or other number by which creditor identifies	1		places}		
debtor	Chec			iously filed claim, dated	
Client ID 3273 / 3884	1	_			
1 Basis for Claim					
Goods sold		Retiree benefits as define			
Services performed		Wages salaries, and com			
☑ Money loaned		Last four digits of SS#			
Personal injury/wrongful death		Unpaid compensation for	_	rmed from	
Taxes			to _	(1-4-)	
Other		(date)		(date)	
2 Date debt was incurred] 3	If court judgment, date	obtained		
August 17 2005	┸—				
4 Classification of Claim Check the appropriate box or boxes that be See reversed side for important explanations	est desci	nbe your claim and state the	amount of the	claim at the time case filed	
· · · · · · · · · · · · · · · · · · ·					
Unsecured Nonpriority Claim \$	- 1	Secured Claim			
	i		our claim is sec	ured by collateral (including a	
Check this box if a) there is no collateral or lien securing your claim		right of setoff)			
b) your claim exceeds the value of the property securing it, or if c) none of	or [
only part of your claim is entitled to priority		Brief Description o	f Collateral (B	undy Canyon)	
Unsecured Priority Claim		Real Estate	☐ Motor \	/ehicle Other	
Check this box if you have an unsecured claim all or part of which is	s	Value of Collateral	\$Unknown		
entitled to priorty	•				
oranio to proving	ļ	Amount of arrearage and of	her charges at i	ume case filed included in secured	
Amount entitled to priority \$	ļ	claim if any \$			
	L				
Specify the priority of the claim				purchase, lease, or rental or	
				family, or household use - 11	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	USC § 507(a)(7)			
		[] Taxes or penalties owned to governmental units - IT USC §			
Wages, salaries or commissions (up to \$10,000) *earned within 180		507(a)(8)			
days before filing of the bankruptcy petition or cessation of the debtor s		Other - Specify ap	plicable paragr	aph of 11 USC § 507(a)()	
business, whichever is earlier - 11 U S C § 507(a)(4)					
				/07 and every 3 years thereafter	
Contribution to an employee benefit plan - 11 U S C § 507(a)(5)		with respect to cases con	mmenced on or	after the date of adjustment	
		\$101,446 <u>58</u>	\$	\$101,446 5 <u>8</u> *	
	nsecure		(priority)	(Total)	
A management of the second of				•	
Check this box if claim includes interest or other charges in addition additional charges	i w me j	huncibar amonut or me digin	ı rangon nelli	seamment of all miches of	
6 Credits The amount of all payments on this claim has been cr	redited a	and deducted for the purpose	of making	This Space Is For Court Use Only	
uns proof of claim					
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages security agreements					
and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not					
and evidence of perfection of their DO NOT SEND ORIGINAL DOCOMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary					
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self-				l	
addressed envelope and copy of this proof of claim]	
Date Sign and print the name and title,	if any.	of the creditor or other perso	n authorized	USA CMC	
to file this claim (artisely copy of p	overs	f attorney if any)	•	A STATE OF THE STA	
Lallut Va'	Ku	CA. Inullar	***	1072500735	
November 0, 2006 Robert On Bias Trustee for Louis	Se G Sh	erw M D Employee Benefit	Plan Trust	<u>L_</u>	

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§152 and 3571

* Plus accruing interest, unspecified damages arising from mismanagement of loan, improper assessment of servicing fees and potential misappropriation of funds

*United States Bankruptcy Court	District of <u>Nevada</u>	PROOF OF CLAIM
Name of Dublor Bundy CAnyon, 500,0	Case Number	
NOTE This form should not be used to make a claim for an administrative expense material the cisc. A request for payment of an administrative expense material to the cisc.		
Name of Creditor (The person or other entity to whom the dubtor owes moncy or property) MSWCLLY FAMILY TS UST Name and address where notices should be sent WILLIAM McQUERRY 318 SINGING BROOK CIRCLE SANTA ROSA CA 95409-6483	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Usi Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces amends a previously file	led claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from	sation (fill out below) vices performed
2 Date debt was incurred 8/17/05	3 If court judgment, date obtained	d
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$	Check this box if your claim a right of setoff) Brief Description of Collater Real Estate Motor Value of Collateral \$	ral Vehicle Other—— orges at time case filed included in orchase lease or rental of property ousehold use - 11 U S C ental units - 11 U S C § 507(a)(8) or of 11 U S C § 507(a)(——) VI/07 and every 3 years thereafter
Check this box if claim includes interest or other charges in addinates or additional charges	(unsecured) (secured) (dition to the principal amount of the claim Attac	(priority) (Total) ch itemized statement of all
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. 	ents such as promissory notes, purchase acts court judgments, mortgages security iD ORIGINAL DOCUMENTS If the minous attach a summary ling of your claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY LED JAN 1 2 2007
Date Sign and print the name and title if any of the file this claim (attach copy of power of attor william f. M. Juny	mey if any)	USA CMC

UNITED STATES BANKRUFTCY COURT		ntered 07/26/11 14 DOF OF CLAIM	:23:36 Pa	ige 4 of 6
DISTRICT OF NEVADA	' ' ' '	OI OI OLAIM		
Name of Debtor	Case Nu	mber 10+15	1	
USA Commercial Morts Comp	06 -	·10728 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
1132124100009	1	Check box if you have		
REHBERGER FAMILY TRUST DATED 6/17/92		never received any notices from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
C/O ANNEMARIE REHBERGER TRUSTEE PO BOX 3651		BMC Group in this case Check box if this address	ONE OF THE DE	i
INCLINE VILLAGE NV 89450-3651		differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (+13) 8 31 - 4949 Last four digits of account or other number by which creditor identifies	dobtor	court	THIS SPAC	CE IS FOR COURT USE ONLY
Client ID 6239; acc# 6736	debior	Check here repla if this claim amer	r a previousi	y fileo ciaim oated
1 BASIS FOR C⊩AIM ☐ ☐ Goods sold ☐ Personal injury/wrongful death ☐	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal Tuter St
Services performed		salaries and compensation (· digits of your SS #	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned Sother (describe briefly) Preach of Contract		compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED A MY 113:06	3 IF C	OURT JUDGMENT, DATE (OBTAINED	(date) (date)
4-CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim			ired by collateral (including
entitled to pricrity UNSECURED PRIORITY CLAIM		Brief description of	f collateral	Canyon Land
Check this bok if you have an unsecured claim all or part of which is entitled to pricrity		Real Estate Value of Collateral	Motor Vehicl	e
Amount entitled to priority \$			· -	s at time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanies of commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits tow services for personal family of	ard purchase leas or household use	e or rental of property or 11 U S.C. § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business which ever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Centributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable par * Amounts are subject to adju	stment on 4/1/07 a	nd-every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 5000 - FS	n Ena	with respect to cases commer		e date of adjustment \$
(unsecured)		secured	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts, contracts court judgments, mortgages, security a	<i>uments,</i> su agreement	ich as promissory notes burns and evidence of perfection	chase orders inv	voices, itemized statements of
DOCUMENTS: If the documents are not available, explain. If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	documents	are voluminous attach a sui	mmary	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	i, prevailin corporatio	g Pacıfic tıme, on Novemb ns, joınt ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro		-	440
P O Box 911	1330 Eas	CM Claims Docketing Cente t Franklin Avenue	er .	FILED DEC 1 3 2006
DATE SIGN and print the name and title if any of the	e creditor or	do CA 90245 rother person authorized to file		
Dec. 8.06 Willeward (attach copy of power of attach	ney if any)	Trustee		USA CMC
Penalty for presenting freudulent claim is a fine of up to \$500 000 or phonsolime AVNEWORE REM	for up to	5 years or both 18USC SS	152 AND 3571	

C650-06-10725-6WZ	PRO	OF OF CLAIM	/3:36 Page 5 of 6
Name of Debtor	Case Nu	mber 5-06 10728 LBR	
U.S. COMMERCIAL MOTT	SAGE	10726 14	
NOTE See Reverse for List of Debtors and Case Nur This form should not be used to make a claim for an ad- ansing after the commencement of the case A "reque	dministrative expense est" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	S C § 503	to your claim Attach copy of statement giving particulars	
TIMOTHY FOLENDORF TRUST DATED 3/21/00 C/O TIMOTHY FOLENDORF TRUSTE PO BOX 2 ANGELS CAMP CA 95222-0002		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again
Creditor Telephone Number (209 - 736 - 2) Last four digits of account or other number by which cr		court	THIS SPACE IS FOR COURT USE ONLY
, ,	editor identifies deptor	Check here replace or f this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal ınjury/wror	ngful death Wages,	salaries, and compensation (fill out below) Other claims against servicer (not for loan balances)
Services performed Taxes Money loaned Other (describe brief)	a \	digits of your SS #	
		ompensation for services per	(date) (date)
2 DATE DEBT WAS INCURRED 17 HUGUS	1 2 2 2	OURT JUDGMENT, DATE O	the state of the s
4 CLASSIFICATION OF CLAIM Check the appropriat See reverse side for important explanations	e box or boxes that best descri	· ·	unt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if you	our claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing exceeds the value of the property securing it or if c) nor		a right of setoff)	ROLLIBY CAMPACIES
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim all or pa	rt of which is	Real Estate	
entitled to priority Amount entitled to priority		Value of Collateral	\$ 7.500,000 °C
Specify the priority of the claim		secured claim, if any	nd other charges at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earn before filing of the bankruptcy petition or cessation of the		•	or household use -11 U S C § 507(a)(7) vernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C §	507/2/5)	Other - Specify applicable para	agraph of 11 U S C § 507(a) ()
Contributions to an employee belief plant - 11 0 3 C g	(307(a)(3)		stment on 4/1/07 and every 3 years thereafter aced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED	\$	\$	\$
(unsecu	,	secured) amount of the claim Attach itel	(priority) (Total) mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this cla		• •	<u> </u>
7 SUPPORTING DOCUMENTS <u>Attach copies of</u> running accounts, contracts, court judgments, mort DOCUMENTS If the documents are not available,	gages security agreement	s, and evidence of perfection	of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknown proof of claim	wledgment of the filing of y	our claim enclose a stamped	d, self-addressed envelope and copy of this
The original of this completed proof of claim for ACCEPTED) so that it is actually received on or for each person or entity (including individuals, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	before 5 00 pm, prevailing partnerships, corporation BY HAND BMC Gro Attn USA 1330 East	ig Pacific time, on Novembers, joint ventures, trusts ar OR OVERNIGHT DELIVERY TO	Filed Date 9/26/2006
		r other person authorized to file	all the del
Timorhuts	Condal TRUST 1	TATED 3/21/co 1	CLISTEE USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500,	000 or imprisonment for up to	5 years or both 18 USC §§	152 AND 3571

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	STAN, ARTONA C. AMERIKA CEOFUSIASA	PRO	OF OF CLAIM	i ugu	
Name of Debtor	Western 1	Case Nu	ımham		
Traine of Debior	hand Development 46 \$ 7.500 Orx	1			
Bundylonyon	hand Whillymond	BK-7-	06-107256312		
	44C \$ 7.500.00X				
	of Debtors and Case Numbers	· · · · · · · · · · · · · · · · · · ·		1	
This form should not be used	to make a claim for an administrative exp	pense	Check box if you are		
ansing after the commenceme	ent of the case A "request" for payment be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and			to your claim Attach copy of		
Transcor of Courses and	1132124100340	.0	statement giving particulars		
RORY L TRIA		ю	Check box if you have		
13842 MALC			never received any notices from the bankruptcy court or	DO NOT EU E TI	IIS PROOF OF CLAIM FOR A
	CA 95070-5314		BMC Group in this case		REST IN A BORROWER THAT IS NOT
			Check box if this address	ONE OF THE DE	· - · · · ·
	(AR)		differs from the address on the	If you have all	ready filed a proof of claim with the
Creditor Telephone Number (evalue UKRI		envelope sent to you by the court.	1	t or BMC you do not need to file again
	other number by which creditor identifies	dehtor			DE IS FOR COURT USE ONLY
		acpioi	Check here repla	2 Drawnele	y filed claim dated
			if this claim amer	nds	, mod dann dated
1 BASIS FOR CLAIM		Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salanes, and compensation (Other claims against service
Services performed	Taxes	-	r digits of your SS #	im out below)	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	
		Onpula (componisation for actifices pe	HORINGU HORI	to
2. DATE DEBT WAS INCUR!	RED , 8/17/05	3 IF C	OURT JUDGMENT, DATE O	RTAINED.	(date) (date)
4. CLASSIFICATION OF CLA	Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	unt of the claim at	the time case filed
See reverse side for important	explanations.				are time dade inst.
UNSECURED NONPRIORIT	· · · · ·		SECURED CLAIM		
Check this box if a) there is	no collateral or lien securing your claim, or b) operty securing it, or if c) none or only part of your	your claim	1	our ciaim is secu	red by collateral (including
entitled to priority	· · · · · · · · · · · · · · · · · · ·	our claim is	a nght of setoff) Brief description of	colleteral	
UNSECURED PRIORITY CL	AIM		· _		_
Check this box if you have a	in unsecured claim all or part of which is		Real Estate		e LI Other
entitled to priority			Value of Collateral	\$	
Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the cla			secured claim, if any	\$	
1	s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase, lease	or rental of property or
Wages salanes, or commis	sions (up to \$10,000)* earned within 180 days		services for personal family o	r household use -1	11 U S C § 507(a)(7)
business whichever is earlie	cy petition or cessation of the debtor's er - 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
) grang	e benefit plan - 11 U.S C § 507(a)(5).	L	Other - Specify applicable pan		
			* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 a	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLA	M \$ /378. /7 \$	94,000		ceu on or aller the	trace or adjustment.
AT TIME CASE FILED	(unsecured)		secured) Interest	(priority)	- 73,3/8.6/
Check this box if claim inclu	des interest or other charges in addition to the				(Total)
					<u>-</u>
6 CREDITS: The amount of	all payments on this claim has been cred	dited and d	leducted for the purpose of m	naking this proof	of claim
running accounts contract	ENTS Attach copies of supporting documents, court judgments, mortgages, security as a support of the support of	<i>ıments,</i> su	ich as promissory notes purc	chase orders inv	oices, itemized statements of
DOCUMENTS If the docu	iments are not available, explain. If the	agreements	s, and evidence of perfection are voluminous, attach a sur	ofilen DONO	I SEND ORIGINAL
8 DATE-STAMPED COPY	To receive an acknowledgment of the	e filing of y	our claim, enclose a stampe	i. self-addressed	i envelope and conv of this
proof of Claff					, and sopy of this
The original of this comp	leted proof of claim form must be sen	t by mail o	or hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
for each person or entity	actually received on or before 5 00 pm (including individuals, partnerships, c	, prevailın	g Pacific time, on November	er 13, 2006	USE ONLY
governmental units).	(motioning mainiquals, partiterships, c	orporatio	ns, joint ventures, trusts ar	nd	
BY MAIL TO BMC Group		BY HAND O	OR OVERNIGHT DELIVERY TO	EILER N	DV 1 6 2006
Attn USACM Claims Dock	teting Center	Attn USA	CM Claims Docketing Center	, FILLU "	Γ
P O Box 911 El Segundo CA 90245-09	11	1330 East	t Franklin Avenue		
			io, CA 90245		Lio
11 0 61	SIGN and print the name and title, if any, of the this clayn (attach copy of power of attorn	e creditor or ney if anv).⊿	omer person authorized to file		USA CMC
111204	Kon I hu	in	10		107250445
Penalty for presenting foundation	Valente o Fine of Association	F.	-		.072001450
. Somey for presenting traudulent (claim is a fine of up to \$500,000 or imprisonme	nt for up to t	5 years or both 18 USC §§ 1	152 AND 3571	
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